



**Town of Irmo, South Carolina Local
Hospitality Tax Reporting Form
Lexington County**

Mail to: Town of Irmo, Hospitality Tax
Post Office Box 406, Irmo, SC 29063

Hospitality Sales Tax Form for Month: _____

Business Name: _____ Physical Location: _____
(Please Print)

Mailing Address: _____ Fed. ID or SS #: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone: _____

Monthly Hospitality Tax payments and this reporting form must be remitted to the Town of Irmo no later than the fifteenth (15th) day of the month. Any tax not remitted by the due day will be subject to a five percent (5%) penalty.

Computation of Hospitality Tax

- | | | |
|---|----|--------------------------------------|
| 1. Gross Sales of Food and/or Beverages | 1. | \$ _____ |
| 2. Gross Sales: _____ X 2% (.02)
<i>From Line 1</i> | 2. | \$ _____
<i>(Hospitality Tax)</i> |
| 3. Late Fee per month if not paid by due date
_____ X 5% (.05) X _____
<i>H Tax From Line 2</i> <i>Number of months late</i> | 3. | \$ _____
<i>(Late Fee)</i> |
| 4. Total Local Hospitality Tax Due to Town of Irmo.
<i>(Line 2 + Line 3)</i> | 4. | \$ _____
<i>(Total Due)</i> |

Important: Pursuant to the Town of Irmo Hospitality Tax Ordinance, city hospitality taxes that remain unpaid after the due date will be subject to all available procedures under the law, including but not limited to, ordinance summons.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief.

Taxpayer Signature & Title _____ Date _____

Please Print Name & Title _____

For Office Use Only

_____ Assess Late Fee Postmark Date _____